

MDR Tracking Number: M5-04-1442-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on January 22, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits with manipulation, neuromuscular re-education, myofascial release, therapeutic exercises, electrical stimulation, and mechanical traction were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for above listed services.

This Findings and Decision is hereby issued this 16th day of April 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 01/27/03 through 02/24/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 16th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter

Note: Decision

March 30, 2004

MDR Tracking #: M5-04-1442-01
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ____ while driving a bulldozer which hit a large hole. He was bounced forcibly and reported lower back pain radiating into his buttocks and legs. He saw a chiropractor for treatment and therapy. An MRI performed 12/30/02 revealed a disc herniation at L4-5 pressing against the thecal sac. He underwent a disectomy with fusion at L4-5 and L5-S1 on 04/02/03.

Requested Service(s)

Office visits with manipulation, neuromuscular re-education, myofascial release, therapeutic exercises, electrical stimulation and mechanical traction from 01/27/03 through 02/24/03

Decision

It is determined that the office visits with manipulation, neuromuscular re-education, myofascial release, therapeutic exercises, electrical stimulation and mechanical traction from 01/27/03 through 02/24/03 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient was involved in a multidisciplinary therapeutic algorithm in which rehabilitation was a primary focus between 01/27/03 through 02/24/03. The patient had a series of two injections to help minimize lumbar pain generators so that greater progress could be realized in active physiotherapeutics.

Reviewed medical documentation reveals that the provider had an obligation to explore conservative applications prior to the application of invasive surgical correction. A 12-16 week controlled trial is a sufficient amount of time to explore conservative therapeutics. Due to the patient's failure in these applications, invasive surgical applications were warranted and approved. Therefore, it is determined that the office visits with manipulation, neuromuscular re-education, myofascial release, therapeutic exercises, electrical stimulation and mechanical traction from 01/27/03 through 02/24/03 were medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- Carpenter DM, et al. *Low back strengthening for the prevention and treatment of low back pain*. Med Sci Sports Exerc. 1999 Jan;31(1):18-24.
- Christensen FB, Et al. *Importance of the Back-Café Concept to rehabilitation After Lumbar Spinal Fusion: A Randomized Clinical Study With a 2-Year Follow-Up*. Spine 2003; 28(23): 2561-2569.
- *Guidelines for lumbar fusion (arthrodesis)*. Washington State Department of Labor and Injuries; 2001 Jun. 6p.
- Troyanovich SJ, et al. *Low back pain and the lumbar intervertebral disk: clinical considerations doe the doctor of chiropractic*. J Manipulative Physiol Ther. 1999 Feb;22(2):96-104.

Sincerely,